

CAC

UNITED STATE DISTRICT COURT  
Eastern DISTRICT OF NEW YORK

Miss. Holmes, A ID # 21A1954

(In the space above, enter the full name(s) of the plaintiff(s).)

- against -

- ① Fersinda Badge # 54677
- ② D. CARBANERO
- ③ Sgt. Cruz R
- ④ Sgt. Desico
- ⑤ J. matz
- ⑥ Sgt. Foote W

(In the space above, enter the full name(s) of the defendant(s). If you cannot fit the names of all the defendants in the space provided, please write, "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**COMPLAINT**  
Under the  
Civil Right Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☐ Yes ☒ No  
(Check one)

~~Document~~  
Document  
Copied  
10/22/22

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Miss. Holmes, A  
ID # 21A1954  
Current Institution Fishkill Correctional Facility  
Address Box 1245  
Beacon, NY 12508

- B. List all defendants' names positions, place of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of papers as necessary.



Defendant No. 1

Name Fersinida Shield # 57677  
 Where Currently Employed: Fishkill Correctional Facility  
 Address: Box 1245  
Beacon, New York 12508

Defendant No. 2

Name D. Carbanero Shield # N/A  
 Where Currently Employed: Fishkill Correctional Facility  
 Address: Box 1245  
Beacon, New York 12508

Defendant No. 3

Name Sgt. Cruz R Shield # N/A  
 Where Currently Employed: Fishkill Correctional Facility  
 Address: Box 1245  
Beacon, New York 12508

Defendant No. 4

Name Sgt. Desico Shield # N/A  
 Where Currently Employed: Fishkill Correctional Facility  
 Address: Box 1245  
Beacon, New York 12508

Defendant No. 5

Name Jmatz Shield # N/A  
 Where Currently Employed: MID-STATE Correctional Facility  
 Address: P.O. Box 2500  
Marcy, NY 13403

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Fishkill Correctional  
& or MID-STATE Correctional

B. Where in the institution did the event-giving rise to your claim(s) occur? on 1F-20 Bed  
on 1H-35 Bed & or Awest 56 Bed in MID-STATE institution  
& Fishkill institution.

C. What date and approximate time did the events giving rise to your claim(s) occur? 11:25 am  
7am approxiam ~~11:40 AM~~ 11:40 AM & 11:15 AM 10/9/22  
4/13/22 6/11/22 9/9/22



D. Facts: I was subjected to negligent infliction of Emotional Distress. I've been subjected to hate crimes because I'm LGBTQA+.  
I've been subjected to Rape & because I was going to tell I was written up on a ticket in Mid-state correctional facility. Negligence Actions, & Breach of Fiduciary Duty.  
see § 7:1 § 16:1 § 12:1 30 N.Y. practice.

What  
Happened  
To You?

Who did  
what?

& CO Kersinda Badge #57677  
CO D. Carbanero  
Sgt Desico  
Sgt R. Cruz, CO Smatz Sgt Foose

Was  
anyone  
else  
involved?

other officers of MidState correctional facility  
& ~~other~~ I/T of Fishkill correctional facility

Who else  
Saw what  
happened?

~~other~~ I/T TUTT Din# 22R0748  
in Mid-state correctional.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I've gained PTSD, concussions  
infections on my head sexual ~~assault~~ assault & abuse  
rape all I have been is sent back to my cube  
kicked out of Mid-state correctional or sent to another  
dorm to be harassed and abused, or sent to hospital  
and giving ~~toradol~~ toradol for pain 15mg.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  
 Yes ☒ No ☐



If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Mid-State Correctional Facility & Fishkill Correctional Facility

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Article 78, notice of Intention, 1983, ect

D. Did you file a grievance in the jail, prison, other correctional Facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in the complaint, where did you file the grievance?

In ~~many~~ Mid-State & Fishkill Correctional Facility

1. Which claim(s) in this complaint did you grieve? sexual assault & abuse  
wrongfully wrote up on Disciplinary tickets

2. What was the result, if any? sent to SHU-200 And Abused  
& Sexually assaulted

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appealed the Decision to  
Commissioner of NYS Appealed to Superintendent.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: sometimes  
I did not file a grievance because co's, sergeants,  
captains & state will pressure me & taunt  
me



2. If you did not file a grievance but informed any officials of your claim, state whom you informed, when and how, and their response, if any:

State of New York  
Alfred E Smith State building 80 South Swan  
Street, + Commissioner Anthony Annucci my ORC  
counselor, my regular counselor the captain +  
Letitia James The Captals Attorney General.  
and Prea Hotline + OSI + S. Branch Prea Deputy

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Exhibit 1) Appeal of a Tier ~~III~~ Ticket in  
midstate see Attachment (Exhibit 2) Grievance  
for p19220 a Corporate body. Tier ~~III~~ Grievance  
for Fishkill copy.

Note: You may attach as exhibits to the complaint any document related to the exhaustion of your administrative remedies.

#### V. Relief:

State what you want the court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I'm seeking the  
Following Facility that i am in  
Fishkill correctional facility to allow me to find a  
address so I can go home leave me alone keep me  
safe keep me away from state created Danger give me  
conversation Building a ~~fiduciary~~ Fiduciary relationship  
And Compensate me for the PTSD Sexual abuse  
+ assault and abuse \$100,000 dollars from each Correctional  
Facility so sum of // all \$200,000 dollars.



## VI. Previous lawsuits:

On  
these  
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No   /  

- B. If your answer to A is YES, describe each lawsuit in question 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court other relating to your imprisonment?  
Yes \_\_\_\_ No \_\_\_\_

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties To this previous lawsuit:

Plaintiff \_\_\_\_\_

- Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of judge assigned to your case \_\_\_\_\_

5. Approximate date of file lawsuit: \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_



7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under the penalty of perjury that the forgoing is true and correct.**

Signed this 22 day of October 20 22



Signature of Plaintiff



Inmate Number

21A1954

Mailing address

Box 1245  
Beacon, New York  
12508

Din# 2220745

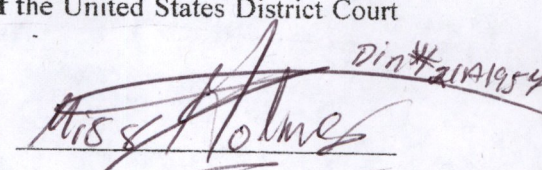
P.O. Box 2500

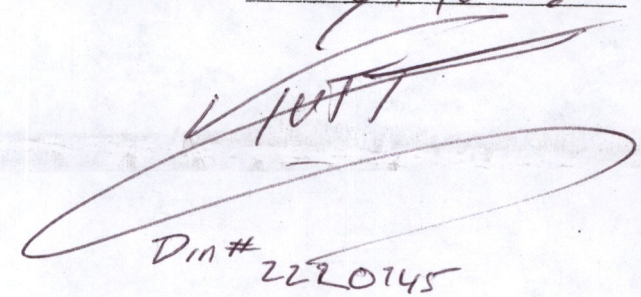
Marcy, NY 13403

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of October, 20 22 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

 Din# 21A1954

 Din# 2220745



~~Exhibit~~

Disciplinary

Ticket Appeal

Exhibit  
①

I / I Holmes, A

ca 21 Alpha 1954 \*

Midstate  
Ticket <sup>False</sup>  
Appeal

Exhibit 1, 2, 3, & conclusion



On 6/12/22 I/I received a misbehavior report stating I/I was in violation of Rule numbers 106.10 direct order, 107.11 Harassment & Hearing disposition I/I went to a tier 2 hearing ~~in its entirety for the following~~ on 6/24/22 I/I ~~went~~ heard by Appeals said hearing its ~~entirety~~ for the following reasons (1) time line violation As set forth in directive 4932 titled Chapter V section 251.51 A tier hearing is suppose to be commenced within 14 days of the receipt of A misbehavior report and completed no longer then Fourteen days unless an Extension is granted I/I hereby Argues that no Extension was read into the record Implicating that no Extension was ever requested or granted

(2) violation of hearing Procedures As set forth in Directive 4932 titled Chapter V the hearing officer at the conclusion of a tier hearing or within 24 hours of the conclusion is suppose to make a written ~~disposition~~ disposition I/I Argues he was never served a written disposition for this hearing.

Harassment

I/I Argues that At the time set forth in the

m/b/r being Approx 7am this is the normal time misbehavior report

which am chow is commenced I/I Also Argues that



On the tv. at the same time I would have to  
give the prison guard my Identification card to  
The prison guard over seeing the wait to gain access to  
the remote I/I Argues that how can he ~~get~~  
~~there~~ as I am got the Remote from the  
prison guard who knows I'm on loss of

Rec to change channels  
and still go to Am chow In wick I/I needs  
ID to go to

Conclusion I/I Holmes wishes this Hearing  
& mis behavior report get reversed  
& be Expunged From his Doc's record.



FORM 2131E (9/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## INMATE GRIEVANCE COMPLAINT

Grievance No. 

Fishkill

CORRECTIONAL FACILITY

Copied on

Date: 10/18/22

Name: Holmes, A

Dept. No.: 21A1954

Housing Unit: SHU-200-25cell

Program: \_\_\_\_\_ AM \_\_\_\_\_ PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible)

I will ~~propose~~ prepose this grievance complaint and I say that I'm exhausting all my remedies for said that I have been sentence to 30 days to the SHU when As per the ~~H.A. T. Lew~~ 15 days in the SHU-200. A 400 SHU Prehearing my penalty was 5 days 10/9/22 Release Date 10/14/22 A 000 SHU-200 30 day Penalty start 10/14/22 Release 11/13/22 43 days over the time ~~of~~ 15 days.

Grievant

Signature:

~~Alex~~ miss Alexander Holmes Dir: 21A1954

Grievance Clerk:

Date:

Advisor Requested

☐ YES☐ NO

Who:

Action requested by inmate:

The Grievance has been formally resolved as follows:

This Informal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Date:



NAME: Holmes, A

Din # 21A145-4

Grievance # 002

(Exhibit 2)

18 USC § 241 & 242

MID-state

Goodday,

This month is June 27, 2022 at 5:00 I was discarded my Liberty to Act freely by Refusing me the option to obtain Resources to sustain life because I'm Black & LBTQ.

I was denied food & my ID was Biased  
Taken from me around lunch time on 6/27/22  
So I am unoperatable to leave the dorm  
At 5:00 to eat, exercise, move around anything.  
This officer name: Mrs. Pizzo/or Pizzo Did not  
even write a temporary ID. for something I'm  
Entitled.

(C)

\* Copied document \*



FISHKILL CORRECTIONAL FACILITY

BOX 1245

BEACON, NEW YORK 12508

NAME:

~~XXXXXX~~ Holmes, A

DIN:

21A1959

FISHKILL  
CORRECTIONAL  
FACILITY



neopost  
10/27/2022

US POSTAGE \$001.05



ZIP 12508  
041L11251113

U.S. DISTRICT COURT  
JOHN M. DOMURAD, CLERK

OCT 31 2022

RECEIVED

Legal mail

1326187255 B001

Hon. Norman A Mordue  
Federal Building and U.S.  
Courthouse

P.O. Box 7255

Syracuse, NY 13201-7255